

fragments of pease eaten at dinner were unequivocal in the discharge from the wound. From the 8th till the 20th of the same month, portions of undigested aliment presented themselves among the discharge, which was always of a stercoraceous odour. Sutures were tried to close the fistula, but they failed. On the 30th the patient left the hospital in perfect health, with the inconvenience only of a small stercoraceous fistula. In the early part of August he presented himself at the Hôtel Dieu, with the fistula completely cicatrized, and his health excellent.—*Médecin-Chirurg. Rev. April, 1828.*

81. *Treatment of Burns with Cotton.*—This mode of treatment, which is frequently employed in this country, has been recently tried in several cases of severe burns in the Royal Infirmary of Glasgow, with complete success. I. H. Plymsoil, Esq. in his surgical report from that institution, relates some of these cases; and remarks, that the advantages of the treatment with cotton is so evident, that the practice has become established in the infirmary. The cotton has, he observes, "the power of accommodating itself more than the ordinary applications to those irregularities of surface which are generally occasioned by extensively deep burns, and, consequently, of being brought into more close approximation with the injured parts. Bandages can be applied with almost any degree of pressure, without producing irritation; an equability of pressure is, therefore, kept up on the whole extent of the injury, which has the effect of levelling irregularities, and of repressing the growth of exuberant granulations, and ultimately of effecting a regular and uncontracted surface. The skin which is formed under this treatment is not a smooth, continued skin, as in other cases, but possesses almost the same degree of mobility and elasticity, and those insensible indentations which are observed in the original skin. This method of treatment, therefore, is particularly advantageous in burns where the joints are involved, and also in burns of the face, and other parts which are exposed to view, as a cure is effected without restraining the motions of the joint, and without exhibiting the slightest deformity of the face. The granulations will sometimes become prominent, in consequence of a sufficient degree of pressure not having been kept up. In order to obviate this inconvenience, patent lint covered with sheet lead, may sometimes be substituted with advantage. Should this produce much irritation, however, cotton, moistened either with a solution of the sulphate of copper or chloride of lime, should be again applied, and with increased pressure: this will have the same effect, without being productive of any uneasiness to the patient. The great point, however, in this practice, is the continuation of the dressings, without which, all our efforts will prove inefficient. They should never be removed until it is absolutely necessary, either from the excessive discharge from the wound soiling the cotton, or the insupportable fetor which may arise from it: this last inconvenience, however, may be corrected by the chloride of lime. Many surgeons have attempted this practice, but, ignorant of the necessity of continuing the dressings for several days, have been quite unsuccessful. The reason of this is obvious:—The cotton adheres with such tenacity to the raw surface of the wound, that, in removing the dressings daily, it cannot be accomplished without producing a considerable degree of irritation, and disturbance of the restorative process. It is of importance to observe that, when a part of the dressings are soiled, it can be taken away without removing the whole of the dressings. In the cases which have been treated in this infirmary, the dressings have been removed about once in six or eight days on an average."

82. *On a Peculiar Species of Traumatic Delirium.* By M. DUPUTREUX and M. HELLS.—It is very justly observed, "that it is not merely sufficient to prepare a patient for a surgical operation, and to perform that operation adroitly; the more difficult part remains—the subsequent treatment. The moral and physical shock of an operation predisposes a person peculiarly to those accidents which naturally arise from the wound, and the judgment of the practitioner on

these occasions, is often of more importance to the patient than his manual dexterity while the knife was in his hand. There are still some disciples of Frère Jacques in the surgical world. 'I have cut you for the stone—may God cure you.' If trifling injuries and operations are sometimes followed by the most serious constitutional disturbance, how careful should we be after great operations, to guard the patient against every source of supervening disease! Sometimes we see deep-seated inflammation arise in an organ or part to which the knife has been applied—and the sympathetic fever kindled up destroys the patient, when success seemed certain. At other times, a rigor announces the formation of matter in some vital organ, when the preceding fever was so masked, or so trifling, as to throw the surgeon off his guard. In other patients, the nervous system becomes highly irritable after an operation, and spasms or tetanus itself ensue. In some, a species of delirium succeeds the operation, which is of singular frequency, and by no means devoid of danger. Obscure in its causes, variable in its march, but alarming in its symptoms, traumatic delirium is rarely fatal, if treated judiciously and energetically." Seven cases are detailed, selected from a great number that have occurred in the wards of M. Dupuytren.

"CASE I. A young man from the country was operated on by M. Dupuytren in the month of June, for sarcocele of large size. He was much afraid of hæmorrhage, and kept himself in a fidgetty state all the day after the operation. On the third day he was still more anxious, and he was irritated by every motion, gesture, or word of the neighbouring patients. Soon afterwards he complained of pain in his limbs and in his chest. His eyes became animated—his breathing hurried—he demanded food—and insisted on getting out of bed. In short, he was evidently delirious. His cries, the sparkling of his eyes, the immobility of the pupils, the perspiration on his face, the calm and regular pulse in the midst of this commotion, convinced M. Dupuytren that the patient was affected with nervous delirium, (*delire nerveux*.) Nevertheless he examined the chest, of which he so much complained, and found no disease there. A few drops of laudanum were immediately thrown up the rectum, and the patient was secluded from all visitors, so as to be kept quiet. In half an hour the patient fell into a profound sleep, from which he did not awaken till the succeeding day, when he was completely tranquil. No accident afterwards occurred.

"CASE II. An old man was operated on for hernia by M. Dupuytren, and was put to bed in the most promising state. In a few hours afterwards, it was discovered that he had torn open the wound, in a fit of delirium, and actually lacerated some portion of intestine, which he had strained down! He died in terrible torments, from the supervening peritonitis.

"CASE III. A stone-mason fell from a stage, and luxated the left femur. He was taken to the Hôtel Dieu, and M. Dupuytren reduced the bone. The next evening the patient was found in a state of alarming agitation; his eyes glistening, injected, and red; face flushed, and covered with perspiration. He vociferated aloud; tried to tear off the bandages; and endeavoured to escape, as he said, from the hands of justice. In the midst of this disorder of the senses, the pulse was regular, full, and of natural frequency; the skin cool. The sister of the ward, accustomed to these accidents, immediately administered laudanum in injection, and tranquillity was quickly restored, without any return of the nervous delirium."

This disease has been considered by most surgeons as inflammatory, and consequently has been treated by wrong measures. "M. Dupuytren thinks, that if left to itself, it would only produce a temporary exhaustion; but in the mean time irreparable injury might be done to the wounds produced by accident or operation. It is of great importance to be able to foresee or predict the supervention of this curious nervous commotion, and the author thinks that by the following signs we may prognosticate its approach.

"If, then, within twelve, twenty-four, or forty-eight hours after a fracture, a luxation, an attempt at suicide, or a surgical operation, the patient appears in